

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000119990

Entity Name: HBI TITLE COMPANY

FILED
Mar 04, 2009
Secretary of State

Current Principal Place of Business:

3942 W EAU GALLIE BLVD
MELBOURNE, FL 32934 US

New Principal Place of Business:

Current Mailing Address:

2293 W. EAU GALLIE BLVD.
MELBOURNE, FL 32935 US

New Mailing Address:

1801 PENN ST
SUITE 1-A
MELBOURNE, FL 32901 US

FEI Number: 01-0555401

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHELPMAN, KIM
2293 W. EAU GALLIE BLVD.
MELBOURNE, FL 32935 US

Name and Address of New Registered Agent:

SHELPMAN, KIM
1801 PENN ST SUITE 1-A
MELBOURNE, FL 32901 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: KIM SHELPMAN

03/04/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: FADIL, RICHARD
Address: 2293 W. EAU GALLIE BLVD.
City-St-Zip: MELBOURNE, FL 32935 US

Title: S () Delete
Name: PETROSKE, REBECCA
Address: 3942 W EAU GALLIE BLVD
City-St-Zip: MELBOURNE, FL 32934

Title: PD () Delete
Name: BARTLEY, MARCIA
Address: 3942 W EAU GALLIE BLVD
City-St-Zip: MELBOURNE, FL 32934

Title: D () Delete
Name: SHELPMAN, KIM
Address: 2293 W. EAU GALLIE BLVD.
City-St-Zip: MELBOURNE, FL 32935 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: FADIL, RICHARD
Address: 1801 PENN ST SUITE 1-A
City-St-Zip: MELBOURNE, FL 32901 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: SHELPMAN, KIM
Address: 1801 PENN ST SUTIE 1-A
City-St-Zip: MELBOURNE, FL 32901 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KIM SHELPMAN

D

03/04/2009

Electronic Signature of Signing Officer or Director

Date